When this form is completely filled out use Preventive Medicine Services Code: 99381—New Patient < one year 99391—Established natient < one year

99391—Established patient < one year	
4 M EPSDT Screening Date	2 0 0 Member ID#
4 Month Visit	
Name	Birth Date Historian
Age Allergies	Medications
Weightoz. Leng	gth inches Head circ cm TempT R
Nutrition	Physical Exam (UNCLOTHED Yes No) = nl X = abnl
Breast	General Head Fontanel Neck Eyes Eyes Red reflex Alignment Ears Nose Throat/Mouth Lungs Heart Abdomen Femoral Pulses Genitalia Female Male Testes Extremities Hips Spine Skin Neuro
Hearing/Speech Responds to sounds yes no Babbles and coos yes no Vision: Looks at parent's face yes no Follows with eyes yes no Developmental Screen* normal abnormal *see separate form	Safety Car seat, facing backwards Smoke free environment Smoke detectors in home Hot water < 120 degrees No bottle propping Fall prevention Bath safety No baby walkers Child proof home Health/Nutrition If bottle fed, 26-32 oz/day If breast fed, nurses 8-10 times/day Introduce solids Avoid honey Teething Social/Behavioral Talk, read to baby Family support Provider Provider Day care ves no provider Well Baby, normal growth and development Well Baby, normal growth and development Well Baby, normal growth and development Well Baby, normal growth and development Well Baby, normal growth and development Well Baby, normal growth and development Well Baby, normal growth and development Mell Baby, normal growth and development Well Baby, normal growth and development Department States and States